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Generating Conflict for Greater Good: Utilizing Contingency Theory to Assess Black and Mainstream Newspapers as Public Relations Vehicles to Promote Better Health among African Americans

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Abstract

The potential use of strategic conflict management (Wilcox and Cameron, 2006; Cameron, Wilcox, Reber and Shin (in press) as a health advocacy tool in US African-American and mainstream newspapers, arguing that escalation of conflict can increase effectiveness of health-related news releases. For health communicators focusing on at-risk populations with poor health outcomes, such goals would include increased awareness of health problems and solutions, along with increased motivation arising from indignation over health disparities. Content analysis of 1,197 stories in 24 Black and 12 mainstream newspapers showed that more conflict factors were present in Black vs. mainstream newspapers, suggesting a way to strategically place health messages in news releases disseminated to newspapers that motivate at-risk publics to better health. The findings suggest that conflict factors such as racial disparity data regarding health issues may enhance media advocacy.

Introduction

Cultural and alternative newspapers are largely influential voices and trusted sources of information in their respective communities. The Black newspaper in particular is one that is an influential and trusted source of information in the African American community; has achieved equal status with other respected social institutions like schools and churches (Brown, 1994; Sylvester, 1993) in many communities across the nation; and has also served as a vehicle to fight racial injustice and preserve African American culture (Lacy, Stephens & Soffin, 1991). A 2004 national study of Black newspaper readers showed "87.6% of individuals who regularly read Black newspapers do not regularly read mainstream newspapers," ("New York Amsterdam News," 2004). The sample consisted of mostly

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affluent and highly educated respondents. The study revealed that respondents do not trust the mainstream dailies and believed the reporting was "less than fair." Not only have Black newspapers provided information that reinforces what is important to Black communities but it appears to thrive while mainstream dailies lose circulation, (Gutierrez, 2007). A study that examined media coverage on HIV/AIDS in Black and mainstream newspapers suggests African Americans may not rely on coverage from mainstream newspapers, (Pickle, Crouse Quinn & Brown, 2002). The content analysis also revealed that the Black newspapers appeared to cover issues that were of importance to the African American community but ignored by mainstream media (Pickle, et al., p. 431).

These newspapers however have been untapped resources to strategically address health disparities among African Americans; cancer is one of the second leading causes of death among African Americans (American Cancer Society, 1998,2000,2007; Rawls & Lloyd, 2001). In a study that examines a national sample of health stories in Black newspapers, cancer stories were the most reported stories and contained more localizing information and also information that could personally mobilize an individual to better health (Cohen, Caburnay, Luke, Rodgers, Cameron & Kreuter, 2008). Similar to other traditional tools that health public relations practitioners have utilized such as press releases, newsletters and brochures, the same principles can be applied in the case of tailored efforts directed to newspapers. A study that examined culturally tailored brochures that advocated mammography screening (Springston & Champion, 2004) showed perceived benefits were positively influenced, knowledge about breast cancer and mammography screening increased, and perceived barriers to getting a mammogram were reduced when compared to non-tailored brochures. The role of culture is integral to effectively communicating health issues to diverse audiences and should be a central part of the message (Springston & Champion, 2004). Some scholars argue a culturally sensitive approach is not enough; a culturally-centered approach is necessary to positively influence health beliefs and behavior (Dutta, 2006). Strategically positioning the Black newspaper as an advocate of good health follows the principles of effective health public relations and can be viewed as a cultural vehicle to disseminate culturally relevant health information.

This paper proposes that incorporating "conflictual" language, a tactic contingency theory suggests when escalating a conflict furthers worthy goals of an organization, could guide media relations personnel in health public relations to effectively reach and impact behavior among the intended target audience via cultural news outlets such as the African American newspaper.

Because certain issues among African Americans or other racially ethnic minorities may incite change due to the very nature of the issues such as poverty, unequal access to healthcare, mistrust of doctors, and disease morbidity and mortality disparities, it is posited that conflict will not only gain attention of news personnel (by resonating with a predominant news value -- conflict) but also resonate with readership among Black newspapers in terms of health prevention.

Given the trust and loyalty of at-risk Black populations to their local newspaper, this study explored the role that health public relations might take in improving knowledge and motivation regarding cancer prevention and treatment. Adopting Cameron's contingency theory's definition of public relations as strategic conflict management (Wilcox and Cameron, 2006; Cameron, Wilcox, Reber and Shin, 2008; Qiu and Cameron, 2008), the occurrence of conflict frames in news about cancer in African American and mainstream newspapers was systematically assessed to determine whether the mainstream or Black newspapers differed with regard to how and to what extent conflict frames appear in health

news. Conflict positioning, a strategy in contingency theory, was posited as a means to successfully advocate positive change through news coverage in at-risk communities.

Contingency Theory of Accommodation

The current study was guided by the contingency theory of accommodation in public relations that posits public relations professionals determine the stance of an organization toward a given public at a given time as a consequence of strategic assessment of a welter of factors identified by contingency researchers. The strategies may seek to minimize conflict for the organization, or they may be strategies to increase conflict as a lever or pressure point to achieve organizational goals to mobilize readers of Black newspapers in addressing cancer.

Applied to cancer news, contingency theory may suggest the merit of escalating conflict to some degree or taking a purely advocative stance. If reporters can present cancer news information with conflict frames to capture African Americans' attention, followed by concern or even outrage over disparities, such coverage might thereby mobilize readers to take constructive action in their own lives and in their communities.

The underpinnings of this theory then support the argument that health information disseminated to Black newspapers by media relations personnel may effectively take a conflict-orientation to promulgate a strong, advocative position that garners more coverage of cancer and health disparities. The presence of conflict factors such as health disparities, risk factors and concomitant community mobilization in health news releases disseminated to Black newspapers could arguably lead to more health stories concerning life-threatening diseases and thus greater awareness among African Americans, as well as an increase in the reach and scope of health public relations.

The focus of health public relations is not only to promote mutually beneficial relationships between the promoter (i.e. health organization, promoters, etc.) and the key public or publics but to act as advocate for society. Rather than an emphasis on the normative role of public relations, health public relations' central role is to take information gathered by health organizations and health promoters with the purpose of increasing awareness about health issues and also advocate change in health behavior. Thus, the contingency theory of accommodation may serve a critical role in establishing a framework to guide health public relations with advocating good health to cultural groups.

To assess the value of a conflictual approach to tailoring news releases for Black newspapers and whether a tailored, conflict-framed media relations program holds promise to garner more coverage of cancer than a control condition that does not employ the strategy, the following research questions are (advanced):

RQ1: What are the similarities and differences between Black vs. Mainstream newspapers with regard to conflict factors?

RQ2: What are the similarities and differences between Black vs. Mainstream newspapers with regard to mobilization factors?

RQ3: What are the similarities and differences between Black vs. Mainstream newspapers with regard to the frequency of reporting mobilizing information when conflict factors are present?

Method

News stories from a total of 24 local Black newspapers published in markets listed by the National Cancer Institute as having statistically significantly higher disparities for cancer

were randomly selected from the pool of high-disparity news markets. Twelve received the intervention while twelve did not. To monitor secular trends in cancer coverage, content analysis of four large mainstream newspapers were randomly selected. (One Black newspaper that did not reliably send issues to the researchers was dropped from the study). From April 1, 2004 to March 31, 2005, a total of 1,197 cancer-related news stories were coded (Black: 796 (66.5%); Mainstream: 401 (33.5%)). Krippendorf intercoder reliabilities were ranging from .75 to .82 (M= .77), which are within acceptable range.

A conflict factor (risk factor + health disparities) was defined as details highlighting risk or health disparities between groups. A risk factor was defined as details about potential causes of cancer that would increase the chance of developing cancer. A health disparity was defined as inequalities in the incidence and mortality existing among specific population groups. Mobilization (personal + community mobilization) was defined as details that would enable individuals to "take action" about cancer-related behavior. Personal behavior mobilization was defined as details describing how readers can take a specific action to prevent cancer. Community mobilization was defined as details describing how groups or organizations can take a specific action to prevent cancer or impact policy related to cancer.

Results

This initial study reveals key findings for the value of using a conflictual approach to tailoring health news releases for Black newspapers. News stories in Black newspapers with a conflict-frame appear to generate more coverage of risk factors such as cancer/health disparities while in mainstream newspapers it does not. In addition, personally relevant information is more prevalent in Black newspapers than mainstream newspapers.

RQ1: With chi-square analyses, risk factors did differ significantly for Black versus mainstream newspapers (see Table 1). The largest differences were about diet/nutrition, genetics/family history and smoking/tobacco. In terms of health disparities, mainstream newspapers were more likely to use gender as an index (45.5%) whereas Black newspapers were more likely to use ethnicity as an index (68.2%) (See Table 2). As for the comparison group, Caucasians were frequently compared in both newspapers (Mainstream: 80.0% and Black: 77.2%).

RQ2: With two chi-squares tests, mainstream newspapers did not use community mobilization frequently (5.2%) while Black newspapers used it more frequently (17.9%). Black newspapers provided personal mobilizing information (44.3%) more often than mainstream newspapers (15.6%).

RQ3: With two ANOVAs, there was a significant difference on the personal behavior mobilization. In regards to genetics/family history factor, there were significant differences both in community and personal behavior mobilization information between Black and mainstream newspapers (see Table 3). However, the differences disappeared in the smoking risk factor.

Discussion

Findings suggest media relations strategies that include escalation of conflict appear to enhance coverage. Taking an adversarial stance by alerting a community to unfair circumstances leading to poorer health outcomes than the majority population can be effective. It is also morally right, even though it is confrontational in approach. In the case of adverse outcomes for Black communities regarding cancer, this advocacy may be expressed through focus on disparity as a means to mobilize readers about their own well being.

Our findings suggest that Black newspapers are significantly more likely than mainstream newspapers to show health disparities in their stories about cancer using African Americans as the index group and Caucasians as the comparison group. This fact supports including conflict frames in news releases targeting Black newspapers as a way to serve the conflict news value, a known news peg in the news-making literature in general which evidence here suggests may actually be a stronger news value in Black papers than in mainstream papers. Conflict, according to contingency theory, would be a useful strategy in the sense that it elevates the awareness of the problem and points toward mobilization to redress the difference. However, it should be noted that the presence of conflict factors, in this case, health disparities, while significantly higher for Blacks compared to mainstream, was still relatively rare even in Black newspapers. There is room to further shift the stance of both health advocates outside and within Black newspapers.

Media relations personnel have the opportunity to write news releases that could have an impact on how Black newspapers report or cover health issues and information. If the releases contain conflict factors, the information may be compelling enough for communities to act and therefore mobilize them to do something about their situation.

In sum, the current finding that Black newspapers do a better job of using conflict factors than mainstream newspapers provides an opportunity for advocative health public relations to convey cancer-related information to Blacks that raises awareness and motivation to reduce health disparities for cancer.

Acknowledgments

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References

American Cancer Society. Cancer facts and figures – 1998. Author; Atlanta, GA: 1998.

American Cancer Society. Cancer facts and figures for African Americans 2000-2001. Author; 2000.

American Cancer Society. Cancer facts and figures for African Americans 2007-2008. [Retrieved June 2007]. 2007 from American Cancer Society website:

http://www.cancer.org/downloads/STT/CAFF2007AAacspdf2007.pdf

API Black newspaper readership study drops bombshell on mainstream dailies. (2004, July 8-July14). New Amsterdam News. :4.

Brown, W. The social impact of the Black press. Carlton Press Corp.; New York: 1994.

Cameron, GT.; Wilcox, D.; Reber, B.; Shin, J. Public Relations Today: Managing Competition and Conflict, 1st. Allyn & Bacon; Boston: 2008.

Cameron GT, Cropp F, Reber B. Getting past platitudes: Factors limiting accommodation in public relations. Journal of Communication Management. 2001; 5:242–261.

Cohen EL, Caburnay C, Luke DA, Rodgers S, Cameron GT, Kreuter M. Cancer coverage in general-audience and Black newspapers. Journal of Health Communication. 2008; 23:427–435.

Dutta MJ. Communicating about culture and health: Theorizing cultura-centered and cultural sensitivity approaches. Communication Theory. 2007; 17:304–328.

Guitierrez F. [Review of the book The African American Newspaper: Voice of Freedom]. Journalism and Mass Communication Quarterly. 2007; 85:438–439. 2008.

Lacy S, Stephens J, Soffin S. The future of the African-American press: A survey of African-American newspaper managers. Newspaper Research Journal. 1991:8–19.

Qi, Qiu, Cameron, GT. Saarbruecken. VDM Verlag; Germany: 2008. Building a Media Agenda on Prosocial Issues: What Factors are at Work to Influence Effectiveness?.

Pickle K, Crouse Quinn, S. Brown J. HIV/AIDS Coverage in Black Newspapers, 1991-1996: Implications for Health Communication and Health Education. Journal of Health Communication. 2002; 7:427–444. [PubMed: 12455762]

- Rawls, G.; Lloyd, FP.; Stern, H. Managing Cancer: The African American's guide to prevention, diagnosis and treatment. Hilton Publishing Company; Roscoe, Ill: 2001.
- Springston JK, Champion VL. Public relations and cultural aesthetics: designing health brochures. Public Relations Review. 2004; 30:483–491.
- Wilcox, DL.; Cameron, GT. Public Relations: Strategies and Tactics. Allyn & Bacon; Boston: 2006.

 Table 1

 Percentage of Risk Factors in Mainstream vs. Black Newspapers

	Mainstream	Black
Risk Factors (χ^2 (11, N=390) =19	9.483, p=.05)	
Asbestos	0.9%	1.1%
Diet/nutrition	20.0%	17.1%
Exercise	3.5%	9.8%
Genetics/family history	16.5%	22.5%
Overweight/obesity	8.7%	9.5%
Pollution	1.7%	2.2%
Radiation	7.8%	1.8%
Reproductive/hormonal factors	5.2%	2.9%
Smoking/tobacco	15.7%	14.9%
Therapeutic drugs	3.5%	0.7%
Underweight	0.0%	0.0%
Viral risk factors	1.7%	1.8%
Others	14.8%	15.6%
	_	_
TOTAL:	100%	100%

 Table 2

 Percentage of Health Disparities in Mainstream vs. Black Newspapers

Disparity Index	$(\chi^2 (3, N=162))$	= 34.057,	p = .00	
	Mainstream	Black	t-Test	Sig.
Age	27.3%	3.1%	t(725)=1.786	.075
Ethnicity	21.2%	68.2%	t(725)=-8.225	.000
Gender	45.5%	27.1%	t(725)=-2.191	.029
Socio-economic Status	6.1%	1.6%	t(725)=.208	.836
	_	_		
Total:	100%	100%		

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Table 3

Difference between Black and Mainstream Newspapers for Mobilization Information about Major Risk Factors

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